



Individual Income Tax Return RESIDENT



Calendar Year 2014

OR

- AMENDED Return
NOL Carryback

Fiscal Year Beginning

MM DD YY boxes for fiscal year beginning

and Ending

MM DD YY boxes for fiscal year ending

FOR OFFICE USE ONLY

Please Print in Black Ink. Enter One Letter Or Number in Each Box. Fill in Ovals Completely. Do NOT Submit a Photocopy!!

Fill in applicable oval, if appropriate

- First Time Filer Address or Name Change

THIS SPACE RESERVED

ATTACH COPY 2 OF FORM W-2 HERE

Personal information table with fields for names, M.I., address, and city/state/zip.

IMPORTANT - Complete this Section

Important section with boxes for last name letters and Social Security numbers.

ATTACH CHECK OR MONEY ORDER AND FORM N-200V HERE

(Fill in only ONE oval)

- 1 Single
2 Married filing joint return
3 Married filing separate return
4 Head of household
5 Qualifying widow(er) with dependent child

CAUTION: If you can be claimed as a dependent on another person's tax return (such as your parents'), DO NOT fill in oval 6a, but be sure to fill in the oval above line 21.

6a and 6b boxes for dependent status and age 65 or over.

If you filled ovals 3 and 6b above, see the Instructions on page 9 and if your spouse meets the qualifications, fill in this oval

Table with 4 columns: Dependents, Social Security number, Relationship, and other dependents.

6c and 6d boxes for number of children and other dependents.

6e box for total number of exemptions claimed.



Your Social Security Number

SSN input boxes

Your Spouse's SSN

Spouse SSN input boxes

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Name(s) as shown on return

If amount is negative (loss), shade the minus (-) in the box. Example: [ ]

ROUND TO THE NEAREST DOLLAR

Main calculation table with lines 7-20 and input boxes

CAUTION: If you can be claimed as a dependent on another person's return, see the Instructions on page 17, and fill in this oval. [ ]

Itemized Deductions section with lines 21a-21f and input boxes

TOTAL ITEMIZED DEDUCTIONS box with instructions and input box

Standard Deduction and final calculation lines 23 and 24



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Form N-11 (Rev. 2014)

Your Social Security Number

Input boxes for Social Security Number

Your Spouse's SSN

Input boxes for Spouse's SSN

Name(s) as shown on return

- 25 If line 20 is \$89,981 or less, multiply \$1,144 by the total number of exemptions claimed on line 6e. Otherwise, see page 22 of the Instructions. If you and/or your spouse are blind, deaf, or disabled, fill in the applicable oval(s), and see page 22 of the Instructions.
26 Taxable Income. Line 24 minus line 25 (but not less than zero) Taxable Income
27 Tax. Fill in oval if from Tax Table; Tax Rate Schedule; or Capital Gains Tax Worksheet on page 39 of the Instructions.
27a If tax is from the Capital Gains Tax Worksheet, enter the net capital gain from line 14 of that worksheet.

Input boxes for lines 25, 26, 27, and 27a

- 28 Refundable Food/Excise Tax Credit (attach Schedule X) DHS, etc. exemptions
29 Credit for Low-Income Household Renters (attach Schedule X)
30 Credit for Child and Dependent Care Expenses (attach Schedule X)
31 Credit for Child Passenger Restraint System(s) (attach a copy of the invoice)
32 Total refundable tax credits from Schedule CR (attach Schedule CR)
33 Add lines 28 through 32 Total Refundable Credits
34 Line 27 minus line 33. If line 34 is zero or less, see Instructions.
35 Total nonrefundable tax credits (attach Schedule CR)
36 Line 34 minus line 35 Balance
37 Hawaii State Income tax withheld (attach W-2s)
38 2014 estimated tax payments
39 Amount of estimated tax applied from 2013 return
40 Amount paid with extension
41 Add lines 37 through 40 Total Payments

Input boxes for lines 28-41, including minus signs for lines 34 and 36

- 42 If line 41 is larger than line 36, enter the amount OVERPAID (line 41 minus line 36)
43 Contributions to (see page 28 of the Instructions): Yourself Spouse
43a Hawaii Schools Repairs and Maintenance Fund
43b Hawaii Public Libraries Fund
43c Domestic and Sexual Violence / Child Abuse and Neglect Funds
44 Add the amounts of the filled ovals on lines 43a through 43c and enter the total here
45 Line 42 minus line 44

Input boxes for lines 42-45



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Your Social Security Number

SSN input boxes

Your Spouse's SSN

Spouse SSN input boxes

Name(s) as shown on return

46 Amount of line 45 to be applied to your 2015 ESTIMATED TAX

47a Amount to be REFUNDED TO YOU (line 45 minus line 46) If filing late, see page 28 of Instructions

Fill in this oval if this refund will ultimately be deposited to a foreign (non-U.S.) bank.

47b Routing number 47c Type: Checking Savings

47d Account number

48 AMOUNT YOU OWE (line 36 minus line 41). Send Form N-200V with your payment. Make check or money order payable to the "Hawaii State Tax Collector"

49 Estimated tax penalty. (See page 29 of Instructions.) Do not include on line 42 or 48. Fill in this oval if Form N-210 is attached

50 AMENDED RETURN ONLY - Amount paid (overpaid) on original return.

51 AMENDED RETURN ONLY - Balance due (refund) with amended return.

52 Did you file a federal Schedule C? If yes, enter Hawaii gross receipts your main business activity: AND your HI Tax I.D. No. for this activity

53 Did you file a federal Schedule E for any rental activity? If yes, enter Hawaii gross rents received AND your HI Tax I.D. No. for this activity

54 Did you file a federal Schedule F? If yes, enter Hawaii gross receipts your main business activity: AND your HI Tax I.D. No. for this activity

DESIGNEE If designating another person to discuss this return with the Hawaii Department of Taxation, complete the following. This is not a full power of attorney. See page 30 of the Instructions. Designee's name Phone no. Identification number

HAWAII ELECTION CAMPAIGN FUND Do you want \$3 to go to the Hawaii Election Campaign Fund? If joint return, does your spouse want \$3 to go to the fund?

DECLARATION - I declare, under the penalties set forth in section 231-36, HRS, that this return (including accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Hawaii Income Tax Law, Chapter 235, HRS.

PLEASE SIGN HERE Your signature Date Spouse's signature (if filing jointly, BOTH must sign) Date Your Occupation Daytime Phone Number Your Spouse's Occupation Daytime Phone Number

Preparer's Signature Date Check if self-employed Preparer's identification number Print Preparer's Name Federal E.I. No. Firm's name (or yours if self-employed), Address, and ZIP Code Phone No.